



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
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June 25, 2013

Ms. Morgan Bovat, Administrator
Brownway Residence
328 School Street
Enosburg Falls, VT 05450

Provider #: 0118

Dear Ms. Bovat:

Enclosed is a copy of your acceptable plans of correction for the re-licensing survey conducted on May 28, 2013 and concluded on **May 29, 2013**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0118	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	Division of Licensing and Protection	(X3) DATE SURVEY COMPLETED 05/29/2013
NAME OF PROVIDER OR SUPPLIER BROWNWAY RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 328 SCHOOL STREET ENOSBURG FALLS, VT 05450		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments: An unannounced onsite re-licensing survey was conducted by the Division of Licensing and Protection from 5/28/13 through 5/29/13. Based on information gathered, regulatory violations were cited as follows.	R100	Please see attached Plan of Correction.		
R128 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: The home failed to assure that the medication regime was administered as ordered by the physician for 1 of 7 residents in the sample (Resident #5). Findings include: 1. During a medication pass observation at 4:00 PM on 5/28/13, it was noted that Resident #5 was ordered to have eye drops (Restasis-to promote tear production) twice daily. However, the Medication Administration Record (MAR) for May, 2013 listed only one time daily (8:00 AM) for the eye drop administration. The medication had been documented as administered daily at 8:00 AM from 5/1/13 through 5/28/13. Per review of the physician's medical order and in consultation with the Registered Nurse (RN), it was confirmed on 5/29/13 at 10:30 AM that the physician's order for Restasis 0.05 % directed nursing staff to instill 1 drop into each eye twice daily, and that the MAR indicated that the administration had been once daily from 5/1/13-5/28/13.	R128			

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

BZQ711

TITLE

(X6) DATE
6/17/13
If continuation sheet 1 of 2

PMU

Division of Licensing and Protection

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R266 SS=E	<p>IX. PHYSICAL PLANT</p> <p>9.1 Environment</p> <p>9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to maintain a safe environment for ambulatory residents with cognitive impairment by failing to secure potentially hazardous chemicals in one utility closet and one housekeeping closet. Findings include:</p> <p>1. During the initial tour of the home at 9:25 AM on 5/28/13, the door to a utility closet in the B unit was found unlocked. This utility closet which is located near resident rooms contained two gallon jugs of drain clog remover. Continuing on the initial tour in unit A near resident rooms, a housekeeping closet was found unlocked. The housekeeping closet contained an open can of Comet cleansing powder, two gallons of bleach, and one gallon of pipe shield solution. It was confirmed by the nurse during the initial tour that the utility closet on unit B was unlocked and contained drain clog remover, and that the housekeeping closet on unit A was unlocked and contained bleach, Comet cleanser, and pipe shield solution. On 5/29/13 at 11:30 AM, the Director of Finance confirmed that ambulatory residents with cognitive impairment reside in units A and B, and that the potentially hazardous chemicals should be secured.</p>	R266			

R128

- 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders.**

1. Action to correct the deficiency

While the written directions on the MAR indicated BID administration, the electronic schedule was set for daily administration. Nursing edited the schedule to reflect administration @ 0800 and 1600 for resident #5 Restasis eye drops.

Expected completion date: Completed (5/29/2013)

2. Measures to assure that it does not recur

As this was an isolated incident related to our electronic record system, nursing will continue with the current second check system, which has proven successful, on all new orders. Stronger focus will be placed on visualizing the times scheduled by the electronic MAR system. All med techs have been educated on the importance of reporting any discrepancies between the written directions and scheduled times on the MAR.

Restasis (Cyclosporine (Ophth)) - Ophthalmic Dose: 0.05 %	0800
Everyday Instill 1 drop into each eye twice daily into each eye Eye Health Emulsion	

3. How corrective actions will be monitored

Monitoring will continue to occur between the facility RN and LPN.

R266

- 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment.**

1. Action to correct the deficiency

Drain clog remover was immediately removed from the utility closet and placed into the housekeeping closet on A wing which is a secured closet. Housekeeping closet on A wing was found unlocked and immediately locked, by the Director of Finance, during the facility tour.

Expected completion date: Completed (5/29/2013)



2. Measures to assure that it does not recur

A copy of regulation 9.1.a has been provided to all staff - they have acknowledged that they understand the importance of only storing hazardous materials in the housekeeping closet which is secure and will further ensure safety of our residents with impaired cognition. The housekeeping supervisor and Director of Finance are the only two staff members which will have access to this closet to ensure that the closet is secured at all times.

3. How corrective actions will be monitored

The housekeeping supervisor will do daily utility closet checks to ensure that there are no hazardous materials contained in the unlocked areas.



R128 + R246 POC's accepted 6/20/13.
JHosmer RN/PMC